

## WISCONSIN MEDICAID PROVIDER HANDBOOK ORDER FORM

Wisconsin Medicaid requires information to enable Medicaid to certify providers and to authorize and pay for medical services provided to eligible recipients.

Personally identifiable information about Medicaid providers is used for purposes directly related to the Medicaid program administration such as determining the certification of providers or processing provider claims for reimbursement.

Because availability and pricing may change without notice, do not photocopy this form. Obtain a new copy of the form from the Medicaid Web site at [dhfs.wisconsin.gov/medicaid4/forms/](http://dhfs.wisconsin.gov/medicaid4/forms/) for every order. Providers with e-mail may receive the order form in Portable Document Format (PDF) by sending an e-mail to the following address: [HCF1179@wimedicaid.org](mailto:HCF1179@wimedicaid.org). Providers without Internet access and e-mail may call Provider Services at (800) 947-9627 or at (608) 221-9883 to obtain a copy of the form.

**NOTE:** All copies of handbooks, whether paper or CD-ROM, include a copy of the All-Provider Handbook and Wisconsin Medicaid and BadgerCare Updates, as appropriate.

HANDBOOK REQUESTED	QUANTITY OF PAPER COPIES (\$5.00 each)	QUANTITY OF HANDBOOK CD COPIES (\$5.00 each)	TOTAL
All Provider			
Ambulance Services — Part Q, Div. I		N/A	
AODA Day Treatment — Part H, Div. IV		N/A	
Case Management Services — PHC 1414A-C		N/A	
Child Care Coordination Services — PHC 1432		N/A	
Chiropractic Services — Part C		N/A	
Community Support Program (CSP) — Part H, Div. V		N/A	
Dental Services — Part B		N/A	
Disposable Medical Supplies — PHC 1355			
Durable Medical Equipment Services — Part N		N/A	
Family Care Guide — PHC 1433			
Family Planning Clinic Services — PHC 1315		N/A	
HealthCheck Outreach and Case Management — Part D, Div. II		N/A	
HealthCheck Screening Services — Part D, Div. I		N/A	
Hearing Services — PHC 1378			
Hospice Services — Part S		N/A	
Hospital Services — PHC 1318			
Independent Laboratory Services — PHC 1327			
Medical Day Treatment — Part H, Div. III		N/A	
Mental Health and Alcohol and Other Drug Abuse Services — Part H, Div. I		N/A	
Mental Health and Alcohol and Other Drug Abuse Services — Part H, Div. II		N/A	
Mental Health Crisis Intervention Services — Part H, Div. VI		N/A	
Nurse Anesthetist and Anesthesiologist Assistant Services — PHC 1420		N/A	
Nurse Midwife Services (includes Physician Handbook and PE and TB Guides) — PHC 1411			
Nurse Practitioner Services (includes Physician Handbook and PE and TB Guides) — PHC 1405			
Nursing Home Services — Part Y		N/A	
Occupational Therapy — Part P, Div. I		N/A	
Personal Care — PHC 1369A-C		N/A	
Pharmacy — PHC 1354A-F			

TYPE OF PROVIDER FOR REQUESTED MATERIALS	QUANTITY OF PAPER COPIES (\$5.00 each)	QUANTITY OF HANDBOOK CD COPIES (\$5.00 each)	TOTAL			
Physical Therapy Services — Part P, Div. II		N/A				
Physician Services (includes PE and TB Guides) — PHC 1357A-C						
Podiatry Services — PHC 1417						
Prenatal Care Coordination Services — PHC 1429		N/A				
Private Duty and Home Health Services — Part L, Div. II		N/A				
Respiratory Care Services (provided by Home Health Agencies) — Part L, Div. I		N/A				
Respiratory Care Services (provided by Nurses Working Independently) — Part T, Div. I		N/A				
Rural Health Clinic Services — PHC 1372						
School Based Services — Part X		N/A				
Speech and Language Pathology Services — PHC 1387						
Specialized Medical Vehicle Services — PHC 1393						
Therapy Providers Training Guide for Wisconsin Medicaid — PHC 1912						
Vision Care Services — Part R		N/A				
	<b>TOTAL PURCHASES</b>					
	<b>SUBTOTAL</b>		\$			
Tax Exempt Number (if applicable)	5% State Sales Tax		\$			
	County Sales Tax (if applicable)		\$			
	<b>TOTAL ENCLOSED</b>		\$			
	<b>Note:</b> Some counties have imposed a county sales tax of 1/2%. Please indicate the name of your county in the space provided below.					
	County					
Return order form and check or money order made payable to Wisconsin Medicaid (including State and County Sales Tax) to:						
Wisconsin Medicaid Provider Maintenance 6406 Bridge Rd Madison WI 53784-0006						
<b>MAILING ADDRESS INFORMATION</b>						
Name — Company or Organization		Name — Person Ordering Materials				
Mailing Address						
City	State	Zip Code	Telephone Number (including area code)			